

SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

1170

VENDOR #



DATE 02/15/2013

Payee

\$ 705 00



Fund / Agency

000 66500

Document Number

AP 00325330

B4R

COD3

B4RCOD3

St t of N w M x o
Vou h r Bat h R port
Bu n Un t 66500 D pa tm nt of H lth
Vou h r w th F n l Ag n y Approv l But Not Y t R v w d/App ov d By DFA/FCD
A ofD t 02/12/2013

Vou h r	V hr	V h L n D	D tr A ount	A ount	Fund	V ndo Nam	1099	A ount ng P od	Pu ha O d	Invo	Number	Total Amount
Numb	L n		L n #	D r pt on			W thHold	Y	Month			
00325330	1	IS M al & Lodg ng	1 542200	Employ	I/S M al & L	06101	MCGRATH BR 001	2013	02	0000098000	M G th B 2 4	705 00
											Total Fo Vou h r	705 00

NS

RECEIVED
2013 FEB 13 AM 10 40
DFA
FINANCIAL CONTROL

Lyf Gwyl

12. 1. 1970

12. 1. 1970

NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

1

CODE 66500

00325330

NAME Brad McGrath		CAR LICENSE NUMBER 002405SG	POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
VENDOR NUMBER [REDACTED]		MODEL Ford	RESIDENCE Roswell	ACTUAL
REG WORK DAY 8 00 AM THRU 5 00 PM		YEAR 2011		(RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>

[illegible]

ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES

X	Employee Signature	Date
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TOTALS

0

0 00

705 00

0 00

705 00

ADVANCE AMOUNTS
\$0 /

ADJUSTED

REIMBURSEMENT

Brad McGrath

(TYPE PAYEE NAME)

W	TH	TH	AB	E	LA
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AN TF

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WITH THE

Th

AN

5

PAYEE SIGN HERE

DATE _____

Signature _____

(DOH General Accounting Use Only)

Date _____

Signature required on overnight lodging exceeding \$215.00 per night

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2

10
11
12
13
14
15

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | **Payments** | [Voucher Attributes](#) | [Error Summary](#)

Business Unit 66500
Voucher ID 00325330
Voucher Style Regular

Invoice Number McGrath B 2 4 2 9 13
Invoice Date 02/11/2013
Total 705 00

Vendor MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE NM 87502


Pay Terms Pay Now

[Schedule Payments](#)**Saved****Payment Information**[Find](#) | [View All](#) First  1 of 1  Last **Scheduled Payment** 1**Remit to**  **Location** 001 **Address** 1 

MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N 3059
SANTA FE NM 87502

Gross Amount 705 00 USD**Discount** 0 00 USD **Discount Denied**

Late Charge

Scheduled Due 02/11/2013 **Net Due** 02/11/2013**Discount Due****Accounting Date****Payment Method****Bank** WFB10**Account** B**Method** CHK Check**Message**

Message will appear on remittance advice

Pay Group**Handling** RE**Netting** N [Messages](#)

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2

Summary

Invoice Information

Payments

Voucher Attributes

Error Summary

Business Unit	66500	Invoice Number	McGrath B 2 4 2 9 13
Voucher ID	00325330	Invoice Date	02/11/2013
Voucher Style	Regular	Total	705 00

Voucher Processing

☒ Post Voucher

☐ Close Voucher

☒ Revalue Voucher

☐ Delete Voucher

Saved

Accounting Instructions

Accounting Template STANDARD

Account At Gross

Match Action

Status Ready

☐ Pay UnMatched Voucher

Transaction Currency

Source	Tables	Currency	USD	Rate Type	CRRNT	Exchange Rate	1 00000000
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Voucher Approval

Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS
		Approval Rule Set	Payment Approval Rule Set 1

Self Billing Invoice

SBI Num Option	Group Vouchers (Auto Nur	SBI Number
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Prepayment

Prepayment Reference	<input type="checkbox"/> Automatically Apply Prepayment	Postpone Withholding
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Letter of Credit

Letter of Credit ID

Tax Group

